

EVALUATION/COUNSELLING REPORT
ARMY WEIGHT CONTROL PROGRAM

Subject: Weight Control Program

Date: _____

FROM: _____

TO: _____

You have been determined to be overweight and a goal of 3-8 pounds of weight loss per month has been established. Failure to achieve the body fat standards could result in separation from the service.

Date: _____

(Commander/Supervisor Signature)

FIRST ENDORSEMENT

FROM: _____

TO: Cdr, _____

I understand my responsibilities to achieve the body fat standards and to have my weight recorded monthly or during unit training assemblies (UTA) as applicable.

Date: _____

(Service Member's Signature)

(TO BE USED WHEN WEIGHT GOAL IS NOT ATTAINED AFTER SIX MONTHS)

SECOND ENDORSEMENT

FROM: Cdr, _____

TO: _____

A medical evaluation is requested since this soldier has not attained any loss of weight or has not lost 3-8 pounds per month during the past six months.

Date: _____

(Commander/Supervisor Signature)

THIRD ENDORSEMENT

FROM: _____

TO: Cdr, _____

I have examined the individual and found that the cause of the overweight condition is/is not due to a pathological medical disorder.

Additional remarks:

Date: _____

(Health Care Signature)

FOURTH ENDORSEMENT

FROM: Cdr, _____

TO: Military Personnel Officer, _____

1. The individual has been determined to be in compliance with the provisions of AR 600-9, and is therefore removed from the weight control program effective this date.
2. The individual's current weight is _____ pounds. Screening table weight is _____ pounds for present age category and body fat content is _____ percent, which meets the standards.
3. This correspondence will be retained in the individual's MPRJ for 36 months from this date.

Date: _____

(Commander/Supervisor Signature)